Action Plan

Service Name:	Lanarkshire Aesthetics
Service number:	00320
Service Provider:	Lanarkshire Aesthetics Limited
Address:	311-313 Main Street, Bellshill, Lanarkshire, ML4 1AW
Date Inspection Concluded:	9 September 2025

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must implement effective systems that demonstrate that staff working in the service, including staff working under practising privileges, are safely recruited (see page 20). Timescale – by 9 December 2025 Regulation 8(1) T	Given our prior in-depth familiarity with the entire medical team before the rental agreement, we did not request two references. However, we recognise the importance of maintaining rigorous standards and have since revised our policy to mandate the submission of two formal references moving forward. This change reflects our commitment to ensuring the highest level of professionalism and accountability within our practices.	Immediately	McDonald

he Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011			
Recommendation a: The service should introduce a formal process to obtain and review staff feedback (see page 12). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Currently, informal discussions are conducted to maintain standards within the clinic and identify areas for improvement. Moving forward, this will be formalised into a documented process. We will collect written feedback monthly from all staff involved in practices and privileges regarding the clinic's operations and potential enhancements.	Immediately	HmcDonald

Recommendation b: The service should have an induction programme for all new staff, including those working under practising privileges (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	At present, we operate an informal induction program for new staff. To enhance the structure and accountability of this process, we have now formalised the induction program within the practices and privileges (PP) form. Each stage of the induction process will now require documentation and sign-off, ensuring that all actions taken during the induction to the clinic are thoroughly recorded and acknowledged. This change aims to strengthen our onboarding procedures and guarantee a consistent and comprehensive introduction for all new team members.	Immediately	HmcDonald
Recommendation c: The service should record patients' consent to share information with GP's and other relevant health care professionals in patient care records. If the patient refuses to consent, this should be documented (see page 20). Health and Social Care Standards: My support, my life. I am fully informed about what information is shared with others about me. Statement 2.14	The clinic has added a new provision to all client patient consent forms, including a question about consent to share information with other medical professionals. This change aims to enhance communication and collaboration among healthcare providers while ensuring patient confidentiality. By obtaining explicit consent, we strive to facilitate more coordinated care and improve patient outcomes.	Immediately	HMcDonald

Name	Hayley McDonald		
Designation	Nurse prescriber- clinical manager		
Signature		Date	30 /10 / 2025

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

Guidance on completing the action plan.

- **Action Planned**: This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible**: Please do not name individuals or an easily identifiable person. Use Job Titles.

- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.